

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
091311, 918
APPLICANT(S)

FILING DATE
5/14/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10				/			60				
11				/			61				
12				/			62				
13				/			63				
14	/		/				64				
15	/		/				65				
16				/			66				
17				/			67				
18	/		/				68				
19				/			69				
20				/			70				
21							71				
22							72				
23							73				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	17	↓	17	↓			TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	20		20				TOTAL CLAIMS				